## TennCare episode of care thresholds: How thresholds are set

#### **How Thresholds are Set**

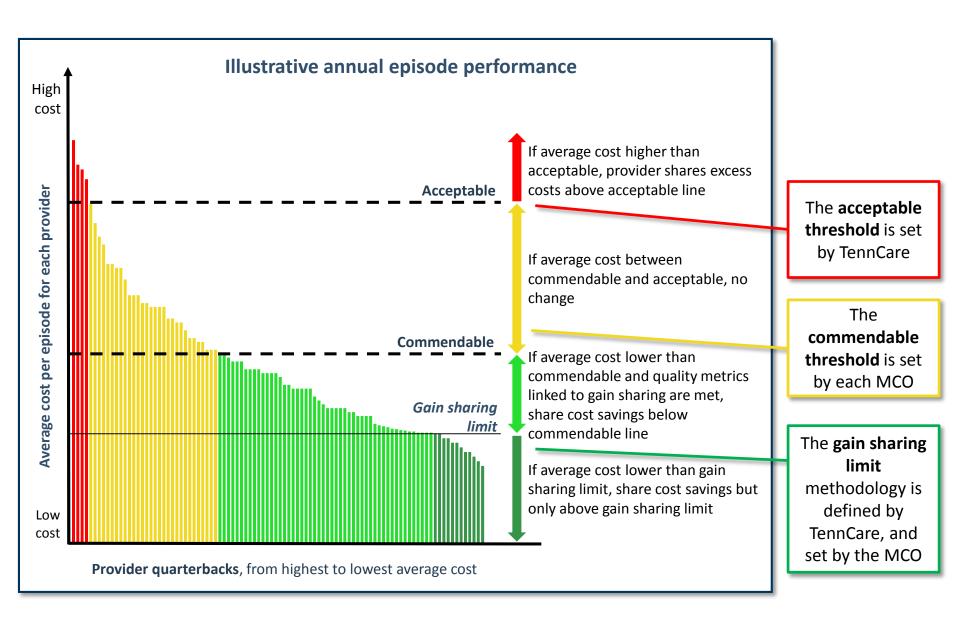
- Acceptable threshold: TennCare sets acceptable threshold so that the providers with the highest risk-adjusted average annual cost for all TennCare would see a penalty, based on 2015 data. For the 2017 performance period, ten percent of providers would have been eligible for risk sharing.\*
- Commendable threshold: Each MCO sets its own commendable thresholds. For the 2017 performance period, the commendable threshold is set such that reward and penalty dollar amounts would be equal, based on 2015 data. Information on the commendable threshold is available from each MCO.
- Gain sharing limit threshold: To set the gain sharing limit the state defines a list of essential services for each episode. Based on that list, the MCO will identify the five lowest cost episodes, based on 2015 data, that include each of the essential services. The average cost of those five lowest cost episodes will be the gain sharing limit for that MCO.
- Quality metrics linked to gain-sharing thresholds: Some quality metrics will be linked to gain sharing, while
  others will be reported for information only. To be eligible for gain sharing, providers must meet
  predetermined thresholds for gain sharing linked quality metrics. The quality thresholds for the 2017
  performance period are set between the 50th and 75th percentile based on 2015 data.

\*Wave 1 and 2 not changed from previous year.

#### **Notes on Thresholds**

- All thresholds are set before the performance year. Actual experience may be different from previous years, so actual results will vary from the projections. The best outcome would be that results would be lower than the state's projections which would lead to savings for the payers and rewards for providers.
- In the first year, thresholds will be set so that rewards and penalties are expected to be equal. In future years this may not be the case. Faced with a choice between lowering rates across the board versus lowering thresholds, for example, thresholds would result in concentrating payments to high value providers.
- Commercial payers will set their own thresholds according to their own approaches.

### TennCare episode of care thresholds: Illustrative example



### Wave 1 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Perinatal	C-Section rate	41%		Varies by MCO
	Group B strep screening rate	85%	\$7,783	
	HIV screening rate	85%		
	Quality metrics not linked to gain sharing (i.e., informational only):  Gestational diabetes screening rate Asymptomatic bacteriuria screening rate Hepatitis B screening rate Tdap vaccinate rate			
	Follow-up with physician or other practitioner within 30 days of discharge	30%*	\$1,394 \$15,945	Varies by MCO
	Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids)	30%**		
Asthma	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Repeat acute exacerbation during the post-trigger window</li> <li>Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes)</li> <li>Smoking cessation counseling for the patient and/or family was offered</li> <li>Education on proper use of medication, trigger avoidance, or asthma action plan was discussed</li> <li>Chest x-ray utilization rate</li> </ul>			
Total Joint Replacement	No quality metrics linked to gain sharing  Quality metrics not linked to gain sharing (i.e., informational only):  Readmission rate – 30-day all cause readmission rate (after applying readmission exclusions)  Post-op deep venous thrombosis (DVT)/Pulmonary Embolism (PE) within 30 days post-surgery  Post-op wound infection rate within 90 days post-surgery  Dislocations or fractures within 90 days post-surgery  Average inpatient length of stay			Varies by MCO

<sup>\*</sup>Reduced from a threshold of 43% in 2016 due to a change in the follow-up visit definition.

<sup>\*\*</sup>Reduced from a threshold of 82% in 2016 due to change in methodology based on the feedback sessions.

#### Wave 2 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Colonoscopy	<ul> <li>Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry</li> </ul>	25%+	\$1,325	Varies by MCO
	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Perforation of colon during the trigger or post-trigger windows</li> <li>Post-polypectomy/biopsy bleeding during the trigger or post-trigger windows</li> <li>Prior colonoscopy: screening, surveillance, or diagnostic colonoscopy within 1 year prior to the triggering colonoscopy</li> <li>Repeat colonoscopy: screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy</li> </ul>			
	Hospitalization in the post-trigger window	10%	\$5,687	Varies by MCO
Outpatient and Non-Acute Cholecystectomy	Quality metrics not linked to gain sharing (i.e., informational only):  Intraoperative cholangiography during the trigger window  Endoscopic retrograde cholangiopancreatography (ERCP) within 3 to 30 days after procedure  Average length of stay			
COPD Acute Exacerbation	Percent of episodes where the patient visits a physician or other practitioner during the post-trigger window	40%*	\$3,608**	Varies by MCO
	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Repeat acute exacerbation during the post-trigger window</li> <li>Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes)</li> <li>Smoking cessation counseling for the patient and/or family was offered</li> </ul>			

 $<sup>^{+}</sup>$  This quality metric was changed from informational to gain sharing starting in the 2017 performance period.

<sup>\*</sup>Reduced from a threshold of 60% in 2016 due to a change in the follow-up visit definition.

<sup>\*\*</sup>Reduced from a threshold of \$4,196 in 2016 due to a change in the episode methodology.

## Wave 2 (cont.) – Thresholds

Episode	Quality Metrics Thresholds			Commendable Threshold
PCI – Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%		
	Quality metrics not linked to gain sharing (i.e., informational only):  Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches)  Staged PCI: repeat PCI in the post-trigger window		\$11,655	Varies by MCO
	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%		
PCI – Non Acute	Quality metrics not linked to gain sharing (i.e., informational only):  Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches)  Staged PCI: repeat PCI in the post-trigger window		\$10,048	Varies by MCO

### Wave 3 – Thresholds

Episode	Quality Metrics Thresholds		Commendable Threshold
	No quality metrics linked to gain sharing		
Upper GI Endoscopy (Esophagogastro duodenoscopy (EGD))	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry</li> <li>Emergency department visit within the post-trigger window</li> <li>Admission within the post-trigger window</li> <li>Perforation within upper gastrointestinal tract</li> <li>Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus</li> </ul>	\$1,769.30	Varies by MCO
	No quality metrics linked to gain sharing		
Respiratory Infection	Quality metrics not linked to gain sharing (i.e., informational only):  Emergency department visit within the post-trigger window  Admission within the post-trigger window  Antibiotic injection for Strep A sore throat  Steroid injection for Strep A sore throat	\$171.90	Varies by MCO
Pneumonia	Follow-up care within the post-trigger window 30%		
	Quality metrics not linked to gain sharing (i.e., informational only):  Follow-up care within the first seven days of post-trigger window  Emergency department visit within the post-trigger window  Admission within the post-trigger window  Follow-up visit versus emergency department visit  Pseudomembranous colitis within the post-trigger window	\$2,191.70	Varies by MCO

# Wave 3 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Admission within the trigger window for ED triggered episodes	5%		
	Admission within the trigger window for non-ED triggered episodes	5%		
Urinary Tract Infection (UTI)- Outpatient	Quality metrics not linked to gain sharing (i.e., informational only):  Emergency department visit within the post-trigger window  Admission within the post-trigger window  Pseudomembranous colitis within the post-trigger window  Urinalysis performed in the episode window  Renal ultrasound for children under two years old within the post-trigger window		\$227.70	Varies by MCO
	Follow-up care within the post-trigger window	40%	\$5,833.90	Varies by MCO
Urinary Tract Infection (UTI)- Inpatient	Quality metrics not linked to gain sharing (i.e., informational only):  Follow-up care within the first seven days of post-trigger window  Emergency department visit within the post-trigger window  Admission within the post-trigger window  Follow-up visit versus emergency department visit  Pseudomembranous colitis within the post-trigger window			
	Follow-up care within the post-trigger window	40%		
Gastrointestinal Hemorrhage (GIH)	Quality metrics not linked to gain sharing (i.e., informational only):  Follow-up care within the first seven days of post-trigger window  Emergency department visit within the post-trigger window  Admission within the post-trigger window  Follow-up visit versus emergency department visit  Pseudomembranous colitis within the post-trigger window  Mortality within the episode window		\$6,554.30	Varies by MCO

## Wave 4 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Attention Deficit and Hyperactivity Disorder (ADHD)	Minimum care requirement (5 visits/claims during the episode window)  Quality metrics not linked to gain sharing (i.e., informational only):  Utilization of E&M and medication management  Utilization of therapy  Utilization of level I case management  Utilization of medication by age group  Follow-up within 30-days of the trigger visit	70%	\$1,959.60	Varies by MCO
Bariatric Surgery	<ul> <li>Follow-up care within the post-trigger window</li> <li>Quality metrics not linked to gain sharing (i.e., informational only):         <ul> <li>Surgery performed at an accredited facility (e.g., through Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP))</li> <li>Appropriate procedural choice</li> <li>Admission within the post-trigger window</li> <li>Emergency department visit within the post-trigger window</li> <li>Mortality within the episode window</li> </ul> </li> </ul>	30%	\$9,989.40	Varies by MCO
Coronary Artery Bypass Graft (CABG)	Follow-up care within the post-trigger window  Quality metrics not linked to gain sharing (i.e., informational only):  Participation in a Qualified Clinical Data Registry  Admission within the post-trigger window  Major morbidity within the episode window  Mortality within the episode window	90%	\$40,473.90	Varies by MCO

## Wave 4 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Congestive Heart Failure (CHF) Acute Exacerbation	Follow-up care within the post-trigger window	60%		
	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Follow-up care within the first seven days of post-trigger window</li> <li>Admission from the emergency department within the post-trigger window</li> <li>Admission within the post-trigger window</li> <li>Mortality within the episode window</li> <li>Utilization of functional status assessment</li> </ul>		\$9,333.80	Varies by MCO
	Minimum care requirement (6 therapy and/or level I case management visits during the episode window)	70%		
Oppositional Defiant Disorder (ODD)	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Medication with no comorbidity</li> <li>Prior ODD diagnosis</li> <li>Utilization (excluding medication)</li> <li>Utilization of therapy and level I case management</li> </ul>		\$2,194.70	Varies by MCO
Valve Repair and Replacement	Follow-up care within the post-trigger window	90%		
	<ul> <li>Quality metrics not linked to gain sharing (i.e., informational only):</li> <li>Participation in a Qualified Clinical Data Registry</li> <li>Admission within the post-trigger window</li> <li>Major morbidity in the episode window</li> <li>Mortality within the episode window</li> </ul>		\$71,917.60	Varies by MCO